

Purple Pyramid

Mass

For the Degree of
M.D.

By

John MacGibbon

M.B. & C.M. (1883)

Green Lodge

Green Head

Glasgow

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Purpural Pyaemia

On

In endeavouring to write a thesis at this time, various considerations have influenced me in choosing the above subject. Firstly, because Purpural Pyaemia is, so far as I am aware, not too extensively written upon.

Secondly, though we meet a good practical practice meets frequently with cases of great importance, with a tendency to drift in the direction, yet, cases of much more serious import where both cause and effect are only too obvious, one does not encounter quite so frequently. Thirdly, on account of the difficulty in the last mentioned class of cases, of getting marked beneficial results from the medicine and treatment generally employed, when the affection is at all advanced, and because of the difficulties medical men may get themselves into in dealing with cases such as these. Not only so, but in many instances the patient suffers so severely from lack of proper

attention in the former stage, from a to
carelessness, thoughtlessness, or probably
timidity in forming practitioners; or in a
case of machines through ignorance, &
it makes me to feel that the more fre-
quently we have any thing to do with Puerp-
erectum, the more should we learn to
attend to minor matters, as often they
so simple, as to be overlooked, ultimately
develop into complications the most seri-
ous so much so as to cause the patient
either protracted suffering or untimely
death. Again, in not a few instances
thoughtlessness of the person affected is
chiefly the cause of all the evil conse-
quences which ensue. My only object in choo-
sing the term Puerperal Pyæmia for a
thesis, instead of Puerperal Fever, under
which head, according to usual nomen-
clature, it is included, is that I purpose
to confine my remarks & closely to
cases, as are due to the direct absorption
of septic matter from the uterus, and

especially those produced by the retention of either the whole, or part of the uterine contents in the early stage of gestation; or the remaining behind of some part of the placenta at a more advanced period of pregnancy, or at the time of birth. In the first place then, it is my intention to go a little into detail in connection with two such cases, which have occurred to me in practice, during the past few years. In doing so, I will try to omit all that can be disposed of, without detracting from their importance. Only, in so far as treatment is concerned, I will refrain from mentioning such, till I speak of it generally, then I will indicate what kind of treatment I pursued in my cases, and state in so far as my observation went any beneficial results I derived therefrom.

Case I

The patient for on the 16th November 1887, to be a woman named M. F. Enau, aged 42 years, residing at 50 Scott St., Bridgeton, who

personally had suffered excellent health, never
having had any illness except her confinement
from which she recovered quickly. She had
three daughters, and two sons all about the
age; and in so far as family history went
there was nothing special to note. On her
arrival she made the following statement.
Exactly fourteen days from that date, she
had gone to Hamilton to visit a married
daughter, on arriving at Hamilton Station
her, she was seized with hæmorrhage from
uterus, it was the time of a flooding, and
morning. That she was about two and a half
months pregnant, and concluding that a
miscarriage was about to take place, she
hurried to her destination as quickly as pos-
sible, and lost no time in sending for a doctor
whose name need not be mentioned. To the
she explained circumstances, After going to
bed. The profuse hæmorrhage ceased; but
many hours the loss continued incessant,
accompanied by more or less pain at bottom
though never at any time severe, which of

trache gradually passed away. The cold also became less copious until it all but ceased.

During the next few days she kept fairly well; but on the evening of the fourth day, a sense of chilliness passed over her which repeated itself on the sixth and seventh days, at times amounting to a rigor. Such was also the state of matters during the following days, rigors followed by perspiration, but unaccompanied by any special pain, or other symptom to attract attention. On enquiring as to the treatment she had received in Hamilton, she stated that the doctor did not seem to think there was much wrong. He had never from the beginning examined her, but advised her to go home as soon as possible, and in the event of her feeling worse to lose no time in procuring medical aid. She arrived in Glasgow just eight days from the time of her departure, and though feeling anything but well, and being confined to bed, yet thought that time would bring her all right again. For the next few days

fever, instead of improving, she continued
get worse, and on the ninth day, after
a severe rigor she experienced a sense of
stiffness in the left leg; but, as the veins
of that leg were markedly varicose, she
attributed it more to this than to anything
else. Thirst, which she had complained of
from the time the rigor commenced, gradu-
ally increased, though her appetite continued
moderate, and headache has been absent from
the beginning. Indeed it appears that all the
time, she had practically no suffering, such
as was caused by the presence of the
rigor. From this time however she quickly
worsened, till the sixteenth, when on visiting
her, we found her condition as follows. —
She was lying on her back in bed, her face
pale and anxious looking, her tongue
dry, and coated with brown fur, the
slightly covered with scales, Temperature
pulse 125, regular, weak, and compressible.
She was restless, having had a rigor at
any hour previously; and, as we were to

had been somewhat delirious at times. On examining the body, the different organs were found healthy, except the uterus, which was a little larger than usual; but, even when compressing it, she did not complain of pain. On examining per vaginam we found the os as closed as is usual in multiparae, but on drawing it, was a constriction, which on withdrawing our finger we found to be a dark brown jelly-like liquid, which, she said, had been coming away for the past week. The uterus internally did not seem on touching to be painful, nor did the surrounding parts. The urine was albuminous, the bowels constipated, and she complained of sleeplessness. The pupils were normal, and the skin cool and moist with perspiration. On examining her limbs the right presented nothing unusual, but the left, of which she had already complained was swollen, hot, and red, from the foot to the knee, the veins were enlarged, tense, and of a darker color than usual especially above the knee, where they

was also very pained on pressure. The lymphatics were not visible, and she occasionally moved the plant from the vicinity of the palm. Though, when at last exposed on touching it, she made no complaint. During the next few days she became gradually worse. The ager increasing, and her strength diminishing, the limb increasing in size, and with this came increase of pain and all the other symptoms usually attend these. The usual temperature varied from 99° to 101° , but was often much higher after a rigor. The pulse remained fast; weak and very compressible, the average being 130, and the delirium continued to increase. Thus she went on, only every day showing a decided decrease in strength, until the twenty-first eleven days from the time of her coming, at which time her condition was as follows. She lay on her back, her face of a pale yellowish tawny, an expression peculiar to such. She took no notice of her surroundings, had she done so for the past two days

she had been very uneasy during night, but quiet. The tongue was dry, and black, cracked in the centre, the teeth coated with mucus, and her breath had a very heavy odor. The pulse was 140. Thready, temperature 98.4°, the body cold and clammy. She having had a fever some hours previously, the breathing was short, but easy, the eyes scarcely closed, pupils not responding exactly to light. and the conjunctivae of a yellowish hue. She did not attempt to reply when spoken to, and swallowed fluids with difficulty when presented to her. She had passed some strong smelling urine in bed, the contents were constipated, there was no apparent pain in the uterus. The discharge though diminished still continuing, and the affection of the limb still increasing. In fact. she was in a low typhoid state, and had no appearance of living many hours. Next morning we were somewhat later in making our usual visit, being sure that our patient must have passed away, but to our astonishment, and to that of all who saw her, she was still

about: not only so, but if one could call it such,
should slight sign of improvement. The temper-
ature which must have fallen much below normal
by midnight, had now risen to 99° . The difficulty
in swallowing had diminished somewhat. The
generally her condition remained the same
on the previous day. From this time very
improvement took place, the symptoms also
spoken of gradually subsiding to a certain
degree, excepting the left leg which became
rapidly worse. The edema extending as far
as the lumbar region, the agon continued
longer or shorter intervals though not so
as before, yet always followed by perspiration
but never accompanied by vomiting. This
continued till the seventh December, when
after having passed a moderately good
night, the temperature was 100.5° pulse
was not very and excited with dark face,
partly covered with sores, she did not
notice of anything about her, and inclined
to lie with closed eyes. The pupils re-
sponding of anything better to the

Stimulus of light, surface of body warm and dry, not so clammy as usual, discharge from uterus ceased, no apparent affection of that organ, touch easy, some strong smelling and albuminous. She took a moderate quantity of liquid food, and attempted to answer questions when asked. On the evening of this day however there occurred a rigor, the mildest since she passed out of the dangerous condition already spoken of, it lasted about two hours, and the perspiration was excessive. Next day she seemed to suffer pain in the right leg, an inflammation of which created the fever rather prominent, but, only for this, the limb looked natural. She was in a more depressed state altogether, but not more so than one would expect after a rigor of such severity, in fact, one would not have been surprised to find her worse, but the dried condition, in which she remained, made one to suspect, that she suffered more than was visible. The left leg was still increasing in circumference, and soon the

right began to show edema, and to follow in ex-
actly the course taken by the left. The rigor
continued to come at intervals, and she lost
somewhat in strength as the right limb in-
creased, but remarkably little, when her crisis
was taken into consideration. She continued in
a low febrile state, paying no attention to any-
thing, but taking any little nourishment
offered her. Thus she went on till the middle
December, when the left leg began to show signs
of amputation, which gradually became quite
apparent. The edema getting less time and
the pain decreasing accordingly. In the even-
ing of the left leg the edema extended to the
limb again, so also was it with the right
which got quite as large and apparently as
painful. About this time she seemed to
have some uneasiness about the back, but
on examination, a very difficult matter to
decide, owing to the shortness of the arm
showed a redness about the root of the pro-
ject of the hand, on the centre of the sacrum
together with a smaller one to the right. The

skin was not broken, but hard, black, and indurated, and must have been forming for some time. From now, despite the condition of the right leg, some improvement took place. The vomit diminishing slightly in frequency, and not seeming to exercise such an influence on her generally. Her temperature did not vary much, but the pulse became less rapid, the circums. being 110, getting at the same time stronger and less compressible. The teeth cleaned somewhat, and the tongue was often moist though coated with thick brown fur. The skin was dry and warm, unless during the recurrence of the rigors. The left leg continued slowly to assume a more natural appearance, and, though on patient was still as stiff as rigors, there was but little delirium present; while not paying much attention to anything, she asked in an indistinct way for different things occasionally. Her appetite increased moderately, she took freely of liquid food, thirst continued, urine abundant better in light, bonds easy,

some admissions, and, though not at all marked, the
increase of strength was visible. Such was her
condition when on the twelfth January. In the day,
a rigor recurred, which was more severe than usual.
She did not however seem to suffer in any
way, until next day, when she appeared un-
able to hear that was said to her, in fact,
had lost the power of hearing with the right
ear. She could not hear the tick of a watch,
neither could she hear one speak, when the
left ear was on the pillow, to which side
she inclined to keep it. Very loud sounds
she heard indistinctly, when brought close
to the ear, but not otherwise, she also complained
of some soreness in the ear, together with
noise, but nothing of an acute nature. The
left ear seemed unaffected. From this time
the deafness in the right ear continued to
increase, accompanied by pain and a throbbing
sensation in the head, but no upward tendency.
Whilst the ear was in this condition, on
fifteenth January, after a rigor on the previous
day, she complained of her right shoulder

which was somewhat swollen and painful. The
tendons extended down the arm, was increased
in movement, and added much to her dis-
comfort. From now, the shoulder continued to
become more painful daily, presenting all
the signs of inflammation. The elbow also be-
came swollen, painful and stiff, though the
symptoms were less acute, than at the other
joint. Indeed the entire arm was soon
so much affected, that she could not allow
of its being moved, and the only position
in which it seemed at all easy was when
lying on a pillow, at an acute angle from
the body, with the elbow in a semiflexed con-
dition. The arm continued thus to get worse
from day to day. The ear also continuing
very painful, and as deaf as ever, there was
no change of any kind from it, neither
was there any external sign of inflammation.
As the inflammatory symptoms went on
increasing in the arm, together with the
acute symptoms in the ear, she seemed
to fall back somewhat, becoming more

unless at night, and starting frequently. The temperature showing a little increase, together with a weak generalized pulse, dry tongue, and pulse short than usual. The left leg was progressing favorably, the right, though a little at a standstill, was not materially increasing in circumference. The Douglas test separating from the pedicles, the vomit albumen and the Enriches En separated, she did not incline to speak, though she answered questions correctly when asked. Such was the state of our patient on the thirty-first January. On visiting her on the first February, she seemed still weaker, having had a rigor last night morning; but what was more alarming, the loss of sight that had taken place in the right eye. She said there was a darkness in front of it, which had come on suddenly, and though she could distinguish between light and darkness, she failed to see objects when brought near to her. The eye looked quite natural, was sensitive to touch, the pupils smaller, which had been acting better than at any previous time since the early stage of her illness.

not respond to light to any extent on the affected side. The complained neither of pain nor m-
elousness, and, only for the loss of sight, she
did not feel anything wrong. During the next
four days her condition remained much the
same, only that the vision in the eye already
mentioned, became less and less affected. So much
so that it was only at times that she seemed
to distinguish strong light from darkness.
At this time a form of inflammation commenced
at the inner canthus of the eye, preceded by
a slight redness. It did not at all resemble ordinary
conjunctivitis, as the exudation was of a dark
grey color, and had much the appearance
of a membrane, that was going to slough.
The conjunctiva seemed alone to be involved, as
the pupil, though not acting correctly, showed
no obstruction; and the movement of the eye
as a whole was correct. At this date then
the fifth February, we found our patient thus
The right eye in the above stated condition,
the left unaffected, the right ear as deaf
as it possibly could be, though the noise

and throbbing, now more or less diminished. The right arm was still very painful, joints of shoulder and elbow much swollen and inflamed. Left leg oedema disappearing quickly, and now much prominent, right leg not so much swollen, getting softer, now still painful. The story from bed voids separating, bowels regular, now containing only a trace of albumen, temperature or axilla 100°, pulse 110 and thence than most. Thirst increased, tongue dry and furred, skin generally dry and warm, resting better at night and not starting much, but thought appearing. Unable enough she had no inclination to say anything, thought improving all gradually. Still very weak, skin colder, breath easy. Very much emaciated, while taking fluid food freely. From this time when she continued in bed is important, and in part to get better. The right leg got much less painful and the oedema disappeared; the right arm also began to show signs of improvement. The inflammatory swelling of the shoulder and elbow joined together with the swelling of the arm subsiding.

that. The strength from the lids soon appeared,
beginning in the middle of the iris, but a small
ulcer, but in the large, an ulcer about
three and a half inch by three, over the occiput,
and tumbling downwards beneath the adjacent
muscles. The right eye rapidly became more
affected. The pupil ceased to respond to light,
neither could the strongest light be distinguished.
The form of inflammation, which we have
already said affected the conjunctiva, con-
tinued to spread over that membrane; and
the ball of the eye lost to a certain extent
its natural resistance. Coincident with this,
and without any apparent cause, the left
eye gradually began to show signs of defective
vision, a few days after which came a form
of inflammation, commencing at both the
inner and outer canthi of the eye, precisely
similar to that already mentioned in con-
nection with the right. It spread over the
entire conjunctiva, but produced no increase.
The pupil in this case, as in the other,
though favorable in the beginning, soon lost

last joint and became stationary. The man jerked
quickly after the first few days, and soon the left leg
looked the work of the right. In spite of her com-
plicated affection, she made slight improvement, the
temperature at this time kept on an average at
99.5°, the pulse 105, and breathing staccato. She
still took rigor at intervals, though much less
than formerly. The right leg showed decided signs
of improvement, being much softer, and the in-
flammation disappearing. The left leg, though still swollen
was becoming to a great extent a natural
appearance. The throbbing and pulsations were gone
in the right leg, and somewhat less in the left. The
the inflammatory exudation was disappearing from
the right leg, but still increasing in the left.
Both legs continued to lose resistance. In the
fourth February morning, however, after a rigor of greater
severity than any for some time, the inflammatory
exudation, which had all but gone from the
right leg, showed renewed signs of activity, and
very rapidly crossed the conjunctiva, without
causing the least pain or tenderness. In
character and extent the pustules is that of

the previous attack, though of more rapid progress. The legs were shrinking quickly, the left. leg more so than the right, despite the fact that the right. was first affected, and was now the seat of a secondary inflammatory attack. Dr. the Trinity north. Dr. Meacham of Charlotteville, N. H. was called in consultation, who, after examining the legs, gave it as his opinion that they were completely destroyed. They were now more atrophied and soft to touch as when first, the left. more so than the right. The foot also in this leg was contracted to a greater degree than in the other. The general condition was then still showed signs of improvement, but on the 27th March, after a night the left leg again became painful. In fact. There occurred, though not to such a great extent, the same affection as that from which it was recovering. The oedema and other local symptoms increased with much greater rapidity than before. The system generally, not seeming to suffer by any means so severely, as from the previous attack, indeed, before the limb began to re-

over the General Condition was surprisingly well. From this time onwards uninterrupted improvement took place. The swelling in the right leg gradually disappeared, as also that of the left. The arm continued to regain its natural appearance. The joints gradually getting less, and the general swelling passing off in proportion. The ear slowly, but completely recovered itself. The Countenance, which till this time, had been pallid, gradually assumed a more healthy hue; and, having good Colon naturally, a good bed room made its appearance. Even when the oedema had all but disappeared from the legs the stiffness and pain in movement continued. The arm in comparison was much slower to recover than the legs, and the left leg more so than the right. The bed sores soon took on healthy appearance, and began to heal. The temperature fell to normal, though influenced occasionally by slight agues. The pulse became normal, and gained in strength. The tongue got clean, the white coating disappeared from the teeth, and the urine regained its natural

1) condition. The only parts indeed, which took a back-
ward course, were the legs, continuing still to atrophy.
The inflammatory exudation gradually disappeared
from the conjunctiva, leaving that membrane of
normal appearance; but, the pupils, and more
particularly that of the left side, became comple-
tely obstructed, and even further contracted. By resor-
ption of the inner structures of the eye. The
right eye was of anything the better of the two,
though sight was equally lost in both. Thus
she continued to gain flesh and strength, though
troubled with slight agues coming on at longer
intervals, until on the twenty-fifth day of May
1888 she left her bed for about a grade of an hour,
this being the first time she had risen since the
beginning of her illness, and then the slight ex-
ercise, occasioned by doing so, or of allowing such
to be done, as she was not yet able on account
of the stiffness, and soreness of the body, to help
herself to any extent, exhausted her so, that
it was over a week before she would allow of
an attempt being made to move her again.
Even at this time she had much to make up.

and for six weeks she could not leave her bed
help, and not till the end of nine months from
the beginning of her illness was she sufficiently
strong, even with help, to take out-door exercise.
Her entire illness then, till the time she got
out of bed, was well nigh nine months, and
nine, before she ventured across stairs. Even
ten months from the commencement of her illness
she could not move about as before, on account
of the weakness of the legs, and their tendency
to become oedematous. The arm at that time
was so stiff, that she could not lift it above
her head. The stiffness was principally at the
shoulder, the motion at the elbow being complete,
though now she can move the shoulder much
freely. Her hearing is perfect. Her sight is
better than at any time before her illness. She
has good color, looks well, and says her appetite
was never better. She began to menstruate
ten months from the beginning of her illness,
and though the color was pale, and scanty,
some months, it has always been regular
now she is as well in that respect, as at

previous time. That the lancets made is the
lots of sight. The eyes still remain in their
dropt and condition, and without a trace of
vision, and from their appearance one cannot
think that operative interference would have
the effect of helping them in any way.
The right eye is certainly the better of the two,
but as collapsed, soft, and obstructed, that
one could not advise her to undergo any
operation, & every seems hopeless.

Case II

M^r. Romellin an Italian woman about 34 years
of age, residing at 203 Delaware Road, whose
mother had died of phtisis at the time our
patient was born. She for us on the 12th January
1888, to attend her in her first Confinement. Very
fine child on formally, and the child was
born naturally about an hour after our arrival.
She had but little pain, though the parts being
in an unusually relaxed condition, no doubt
facilitated labor much. She seemed more ex-
hausted than is usual, considering the nature of
her illness, but looking at her general condition,

was not to be removed at all. The placenta
very difficult to get away, and, though ex-
pelled solely by abdominal pressure, it ap-
peared broken on the uterine surface, as if some
small portions had remained adherent; but
being paler in color, and of softer consistence
than normal, seemed to account for this. On
morning her next day she seemed somewhat
improved, though still pale and exhausted. Her
temperature was 99° , the pulse 115 and weak.
For the next three days she progressed but
slowly towards recovery. The temperature continued
1 to 2° over normal, and the pulse weak and
rapid. She did not complain of pain, but was
thirsty, and had no inclination for food.
While she slept well, but was usually restless
and, when sleep did come, she always awoke
bathed in perspiration. The lochia continued
well for some days, then got scanty and dark
in color than usual. The tongue was clean
away, she inclined to lie on her back, and
changed her position. No indication of disease
was found in any organ, and she complained

note of distress than of anything else. In the afternoon of the fifth day from her confinement, after having been out of bed for half an hour, immediately on returning, she was seized with a rigor, followed by perspiration and vomiting, and shortly afterwards experienced a sharp pain in the left side. The pain was localized and did not seem extensive, as she called it a stitch, which was interpreted as deep inspiration. On examination the temperature of the tympanic was $104^{\circ}5'$, pulse 134, tongue clean but dry, skin moist with perspiration, face very pale, and she seemed on the whole very uneasy, the breathing also being quicker than usual. On examining the affected side, neither friction nor other sounds, indicating an inflammatory condition, was heard, only the breath sound seemed of anything less pronounced, no seat of pain, neither cold nor heat could be distinguished. The heart sounds were normal, and on the entire lung, other than what has been stated, the breathing, though weak and short, was natural. The lochia was scanty, dark, and fetid. Thirst, which before had troubled

her much, was now increased, and as for food
inclination for such had ceased. On the 11th day
lay as usual on her back, looking exhausted,
temperature 102°, pulse 130, weak and compressible,
in side increased in severity, breathing also much
superficial heard no painful area, which occupied
part of the lower lobe of the left lung. A short cough
was present, which she tried to suppress on
account of the severity of pain, there was no
expectoration, the urine was albuminous, and at
times the condition was the same as on the 10th
day. Next day after passing a more restless
night than before, being delirious, he found
her in a very depressed condition, with temperature
101°, pulse 130, tongue coated with dry brown
fur, teeth coated with mucus, skin moist, breath-
ing short, and cough increasing, accompanied
by some dark bloody sputa which was difficult
to expectorate, expectations on affected part of
lung, more moist, breathing tubular, but in some
and slight rales could be made out. On the
13th day after another restless night, being
more delirious, he found the temperature, pulse

and other general symptoms of the affection, much the same as on the previous day. The cough however was much more irritable but still suppressed from the severity of pain, expectoration scarier, Sputa being of more fluid consistence, dark brown in colour and having a disagreeable odour. On the 14th after passing of anything a better night, having been somewhat easier and less delirious, the temperature was 100.8° pulse 136, and very weak, the tongue and teeth were as last mentioned, and the face pale and anxious looking. The breathing continued very fast, the pain in side severe, the cough about the same, though the expectoration was more profuse, and came away freely. The little dullness, which was present in the lung, had now passed away, and large moist rales were heard over the affected part. During the next two days there was nothing special to note, she continued in a low febrile condition resting badly at night, and generally delirious, the temperature remaining low comparatively, the pulse quick, the urine scanty,

strong swelling and inflammation, the tip of the
the tongue protruded in a forced position.
the breath was very offensive, but the pain
in the side was less severe. The lung on
left involved was clear on percussion, the
breathing tubular and hollow, and large pur-
ples were easily traced. The Sputa though
profuse was not by essence, and still consisted
of a fluid character, dark in color, and
fetid. The base of both lungs being at
same time in a state of passive congestion.
On the 17th day the patient seemed easier
having been less disturbed during the previous
though performing profusely. The pain was
less severe than it had been since the 14th
and the cough seemed easier. The Sputa, the
continuing of the same character, was less
quantity. But the breathing remained short.
The lung on inflammation was in much the
same condition as last stated. The temperature
was 103.5° pulse 130. The complaint of
pain in the right shoulder, but no other
special could be made out. Next day.

less restless during night. She seemed worse, the
cough had doubled in much. The Sputa was
increased in quantity, and the breathing
seemed more difficult. The temperature, and
pulse were the same as on the previous
day. The lung on percussion continued
clear, and auscultation revealed nothing more
than previously mentioned, only that the
rales were of a very moist nature. Generally
the condition was the same, only for in-
creased restlessness. The pain complained of
in night should have disappeared. On the
19th day from the Onset, or the 9th from
the beginning of the attack, we find our
patient still in a very low condition, pulse
and temperature about the same as last.
ment was, restless, very thirsty, face pale
and pallid, tongue dry and coated with
dark brown fur. Teeth covered with floss.
Still inclined to lie on back with eyes
closed. Breathing somewhat easier, Sputa
abundant, and still of the same character.
The lung continued in the same condition,

The wind was steady, high colored, and calm
and the heat was very oppressive. From the
continued for some time, the day became
easier, and another somewhat worse, the
temperature ranging between $99^{\circ}5'$ and 100° .
The pulse remaining fast, weak, and irreg-
ular, and the perspiration continuing to
with and weaken her much. Indeed she
remained in a comatose state, and was
emaciated. The delirium however diminished
considerably, and she rested better at night.
She had aversion to all kinds of nourishment
and was only with difficulty prevailed upon
to take anything, leaving the feeling that
she was dying, and thinking that by ab-
staining, the end would come all the sooner.
Simpson was irritable, and from the first she
a decided dislike to her baby, and would
not look at it, and as great a dislike to
her doctor, blaming as she did both the
and the doctor for her present condition.
Long despite her General Excitation medicine
some improvement. The rules, though good

on most, because fever in milder, the sweating though still short, turned easier. The spasm diminished in quantity, and became more furulent, though still of a febrile nature.

The lung on percussion was clear on the affected area, but the other parts still remained in a state of passive congestion. The cough at first was of a spasmodic character, for many times it would cease, only to become continuous for as long a period. Such then was the condition on the 30th day after confinement, or the 20th from the commencement of this complication. In the morning of the 31st day at 9 o'clock for at 2 a.m. I found her thus, sitting in bed supported by pillows, leaning forward on her elbow, and resting her head in her hands. The difficulty of breathing was extreme, involving more than anything else in the last stage of puerperal asthma. She was as well as usual when last visited, so that we were all the more astonished to find such a change. She complained of a very severe catching pain in the apex of the left lung. The pain had

tion precluded by a rigor, but unaccompanied by
trembling, and was very slow in coming in and
from the position, and the difficulty the expense
in changing it, there was but little chance of ap-
plying the lung, but applying the stimulus
to the part complained of was felt. Little doubt
but it would turn out similar to the effect
in the case, and from the condition of the
part, together with the general condition
present, taking into account what she had
suffered, her extremely debilitated condition,
general aspect, we could only conclude that
she was but a few hours off. The temperature
was 104° , pulse scarcely perceptible about 140 , and
the appearance of the face was simply that
of a dying woman. On the forenoon of the
day no one surprised she continued both in
position and condition as in the morning.
was quite as breathless. The cough was violent
her much, which she tried to suppress on account
of the severity of the pain. She had much
difficulty in expectorating, and the sputa were
scanty and purulent. She had also great

difficulty in speaking, an account of the aphasia,
and that the acid was in the blood.

She had been frequently incoherent during the
morning, and perspiring very freely. The perspira-
tion alternating with chilly periods, though
not amounting to rigor. Temperature 103° , pulse
same as last mentioned. Tongue dry, teeth cover-
ed withordes. On making at this time an
examination of the chest, the base of the lung
was found in the same condition as last
stated. In the apex however, which was ex-
amined with difficulty, distinct respiration
was heard, and the respiratory murmur was
both weak and shallow. In fact the lung
was in much the same condition at the apex,
as it was at the base in the early stage
of the affection. At the apex as at the base
the crease seemed localised, the other portions
of the lung being unaffected. The condition
was still very critical, her weakness being
extreme. Next day we found her if anything
easier. After having passed a miserable night,
the sweating alternating with chills, still con-

inning. The position remained unchanged, and
owing to the difficulty in breathing, she co
not able to do any work as only then was she at all able
The pain continued troublesome, especially the
coughing, temperature 101.4° , pulse 136, still
weak, crepitations more marked at apex and
middle, breathing same as previous day, cough
more troublesome, accompanied by sputa in for
quantity, of a dark rusty, and purulent char
thrust very great, bronchi congested and in
all manner. On the 33 day, or the 23rd from the
beginning of the lung complication, the breath
though short and oppressed, was scarcely so diffi
cult as it had been for the past few days. The
temperature, pulse, and other symptoms, ran true
the same as last mentioned. The base of the
lung was resonant, and occupied by large soft
rales. At the apex the crepitation was more distinct
the sputa same as on previous day. The cough
very troublesome, though still kept back by
severity of pain. The feet were slightly edematous
and the last movement exhausted her. This
caused increased difficulty in breathing. On the

34: Day the continued in a similar condition, only that the pain at the apex was not so dull, but the breathing quite so difficult, she being able to recline somewhat. The apex of the lung was dull, and the Sputa became in quantity, and for the most part of a dark brown color, and of more fluid consistence. In the 35: Day, after passing a rather uneasy night, her temperature was 101° , pulse 128, she was able to lay her head lower, than since the apex became affected. The pain was diminishing, the breathing still difficult, hollow and slightly rales and the pulse most. The perspiration continued with occasional chills. The edema extended above the ankles, a bed sore had formed on the sacrum, she complained of pain in the region of the liver, but nothing special could be detected. During the next few days but little change took place in her condition, gradually getting weaker, if such a thing were possible. The temperature and pulse kept about the same as last stated.

The breathing sound, long short, improved much, that she was able to assume a near horizontal position. The apex of the lung became soft, being occupied by large mucus. The heart sound continued of the character last mentioned, the spitta increased in quantity, but consisted of a dark watery nature, and was very fetid as also was her breath. The cough continued irritable, but expectoration was much easier, on account of diminished pulmonary action continued though the child seemed to be passing away. The limbs of the feet to the knee became very red and the extremities were cold. Thus she lay on, and on the fourth day from her confinement, or the thirtieth from the beginning of the attack in the case of the lung, she died from the beginning of the attack in apex. Her condition was as follows. The respiration usual the normal position, the face was the look a look of complete exhaustion, and only for the difficulty in breathing, it would

and was difficult at times to tell from appearance whether she was alive or not. She did not change her position, neither did she take heed of anything, remaining passive in the hands of her attendants. The temperature was 101° , the pulse 130, & occasionally weak, and irregular, the tongue was dry, and coated with dark fur, the teeth coated with mucus. The lips were black, and the breath had a very fetid odor. She inclined to lie with the eyes nearly closed. The pupils were not visibly affected in any way. She did not complain of pain neither did she appear to suffer acutely. The breathing, though still difficult, was easy in comparison to what it had been a week previously. The base of the lung was in much the same condition as last stated, being covered with pneumonia, and occupied by large soft tubs. The apex was in a similar condition to the base, only with 20 soft., and the tubes were much more numerous. The other parts of the lungs were in a state of passive congestion. The breath soon continued falling.

and slightly labial. The cough was trillous one, though
the expectoration was fluid, and came away con-
tinuously in colour, and odour as last. Stated
the lungs continued redness, and the feet
were cold, the skin was dry and warm, the
urine albuminous, and the lungs continued
but despite all she was conscious, and though
inclined to speak, she answered questions freely
when asked. The thirst was not so excessive
before, but her aversion to anything nourishing
or stimulating remained the same. In this
duration she remained, with but little variation
for the next few weeks, the temperature
being on an average about 100° , the pulse, 70
at times was scarcely perceptible, continued
about 130. The perspiration still wanting
with occasional chills, the breathing was
difficult, and she could lie neither on
one side, nor the other, the cough continued
trillous and of a spasmodic nature.
Only for the soreness of the chest, and the
which seemed to be the result of the cough
she made no complaint. The sputa were

Contracted of a form making rigid & still
for a time, but gradually became of a lighter
tint, until it was decidedly purplish,
and ultimately more purplish, which was
often tinged with pure blood, and sometimes
stained for hours at a time. The apex of
the lung contracted & expanded. The breathing
hollow, and before long, both apex and
base were in a similar condition, without
any appearance of further improvement.
In fact the lung seemed to be in a wasted
condition. The limbs continued relaxations, with
out much median motion, not extending
above the knees. The feet were increased in
size, but did not seem to give rise to
much uneasiness. The tongue kept dry
and the teeth closed with force. She suffered
occasionally from headache, and rested
badly at night, sleeping only for short
periods, from which she gradually awoke
with a start, as if dreaming, and at times
she was incoherent. The urine continued
pale, light coloured, and albuminous, in fact.

The day in a condition of extreme debility,
resembling in many points one in Typh-
fide, the body also being emaciated, and
we could well imagine, and so think, that
she was unable to help herself in the slightest.
Indeed she was becoming quickly exhausted
and had no appearance of getting any better,
being such as one could not expect
under, resembling in condition a case of ad-
vanced phthisis. At the end of the time men-
tioned, however, being over six weeks from
the date of her confinement, she began sub-
siding to look a little better, she slept more
well at night, the cough ceased to trouble her
so much, and the breathing got easier. The
expectoration ceased, together with the chill.
The action of the lungs showed signs of im-
provement, she began to take a little food, and
seemed much more hopeful. The temperature
gradually fell, the throat disappeared, and
she seemed, though slowly, to be
decidedly improving. The lungs began to
improve, the rale quickly disappearing.

and the breathing becoming natural. The tongue and teeth cleared, the bed sore began to heal, and she could lie on either side without much difficulty, and towards the middle of May, appeared, no one being more astounded than ourselves, at the end of fifteen days, from the time the change began, she was able to leave bed, and, though not able to sustain up any length of time, it was simply remarkable the amount of strength she had accumulated, and no less astonishing was the rapidity with which the lung cleared up, so much so that before the end of a month, one could not easily have distinguished the affected side. The breathing became quite easy and natural. The symptoms of aneurism had disappeared from the lung, she had no cough, and the tongue and teeth were clean. The oedema had left the extremities, the urine was natural, the temperature normal, and the pulse, though weak, showed great signs of improvement. The face, which had all

along then of the molt. palled her, some
trace of colour, her lips, which had been
bloodless throughout, looked much more
healthy. She gained in flesh astonishingly
and the lesions healed quickly. On the
whole she had practically recovered, day
by day increasing in strength. The irrita-
tion which had been great, and her eke-
chokes soon passed away. The baby, in
she would not look at till this time, seem-
ingly to pacify her, and her manner
ed, that all had gained in the good part
The improvement was so great in body health
and in change of manner, that one could
scarcely believe her to be the same person
a week, so rapid, from apparent ill health
it has not been our lot before to see, but
it far more than repaid me, for this annoy-
ance experienced in attending such a case.
By the end of July month, she was able to
attend to the ordinary duties of her household
and soon after went off to the country. It
altered shortly afterwards, though the lot was

but little, and I is seen regular all since.
Now, one will not see a healthier looking
mother and child, not the slightest trace
as if anything had been wrong with the lung,
and as for cough, or any other symptom of
the affection, she does not experience in the
least. In fact, her recovery was so complete,
as to convince every one who had seen her.

Remarks on Cases

We have gone into the history of these two
cases, at greater length than was at first
intended, though we have left out much that
might otherwise have been added, and have
given, it far as seemed desirable such par-
ticulars as would help to make them intel-
ligible. We would have liked to put them into
much less space, but found that this could
not be done, without detracting to some ex-
tent from their value. The cases, as will
be seen, differ widely in their several
characteristics, but, looking at them as a
whole, they present various points which

correspond, and many features, which taken together, make me to feel, that however they differ in matters of detail, the thing least appears to be plain, that the cause is operated in the one, operated also in the other though acting under different circumstances, different individuals, and at different periods of pregnancy. It is not intention, to say a little concerning the cases individually, not only because they present different peculiarities but also because they differ much, from other cases arising from the same cause. I doubt many more acute cases come to light in which recovery is seen from the beginning to be hopeless, despite all that medical art can do, and in which the disease exhausts the patient so quickly, as to set at defiance all attempts at treatment. In so far as the first case is concerned, the course is just the same, the protractedness, its lessons, and general characteristics, are all things mutual. Beginning, for instance to notice the rigors, which it appears to me, that the continued exposure

1
tion of such was anything but common. In the
early stage of the affection, but few days passed
without one, and they increased in severity
as the case advanced; but what seemed
equally important, was that each rigor was
invariably followed, by either an increase of
the existing symptoms, or a new lesion, and
frequently, there was no great space of time, be-
tween the rigor, and the manifestation of such.
We have abstained in this description of the
case, to mention all that followed on the
rigors for the sake of brevity, but few indeed
occurred, after which there was not something
of more or less importance to be noticed,
and on a rule, the result was in proportion
to the rigor, being severe or otherwise as it
was so. They lasted throughout the entire
illness, being much more frequent, and of less
severity, in the beginning, diminishing in
frequency, and increasing in severity as the
case advanced, and diminishing both in
frequency, and severity towards the end.
They differed but little from ordinary rigors.

seen every day, but that was a little unusual
was that. Louisa Webb, Young did not
accompany them, not like richness. Again, the
affection, instead of being withheld in by a
of some variety, as one would expect, came
gradually with children, ultimately develop
into a more pronounced form. Then form
was no less change, passing off on the
formed strength in much the same way
that they came on, with this difference,
the interval between each got prolonged,
stead of lessened, until the children, who
was the forerunner of the series attacks,
also their termination. Perforation was also
absent in the beginning, only a sense of
being present, so also was it in the end.
The whole run of the case indeed was a
change, commencing in the left leg, then
in the right, then the right ear became aff
ed, then the right arm, then the right leg
then the left; next came a secondary attack
in the right leg and it finished, with a
recurrence of the primary affection in the

leg, leaving the leg arm and ear in good condition, but both eyes completely destroyed. Again it seems to us unusual considering the condition in which the head was, that from the beginning of the illness, there was no complaint of the slightest headache. Where in many cases of like nature, the pain in the head is a prominent symptom. The fact also of the appetite continuing good, only for a few days at what we term the crisis, is no less worthy of notice, of course the food was mostly fluid; but he being able to take such, no doubt indicated much to bring him through such severe illness. The hearing so completely decreasing itself, whilst the eyes were so totally destroyed, seems at least significant, as also the circumstance, that though the right ear was in such a condition, the left was not so affected at any time, and not the least of all was, how she was recovered from such an illness. Naturally, indeed, she was a strong, though not stout woman, but it exhausted her to the utmost, and we are sure there are but

two women to be met with, who would not
have succumbed to the attack, even in the
early stage. Turning now to the cause of all
these complications, we have not yet to seek
for such, though there may be great difficulty
in elucidating the results, as it appeared
the case before us. The primary cause was
no doubt the miscarriage, which is mentioned
in the beginning of the case, or to be more
accurate, the retention, decomposition and
absorption of parts of the uterine contents,
the early stage of pregnancy, after expulsion
should have taken place, on account of the
death of the fetus. There is little doubt, but
the chills, which she complained of in the
beginning, were the result of the absorption
of septic matter. Such absorption, however,
did not seem at first to influence her
from the fact, that she was able to travel
from Hamilton, some days after the process
had commenced. The protractiveness of the
coming on of the first symptoms of the
disease, seems to have been due to the

stage to which decomposition had advanced,
and not only so, but the mildness of the
symptoms at this period, showed that not
only was the quantity of poison not excessive,
but that it was of a less virulent nature,
than that at a later stage of the affection.
The increased action seem to have been due to
the absorption not only of septic matter, but
to this operating on the body, with more or
less severity, according to the structure, or organ
which became next involved. Of the joint which
was next affected, it is not necessary to comment
in detail, there being no doubt that it was
phlegmion, of a very violent kind, and not only
involving both limbs, but also recurring in
the left: which recurrence, we believe was to
a great extent due, to the marked vascular
condition of the rest of that limb, precluding
the resolution which was going on, from pro-
gressing so satisfactorily as it ought, and
so setting up secondary inflammation.
which though slight, was not to be compared
to the primary attack. From passing

from the limbs, to the other features of
Case. How could the head be so much
rotated, and the other organs to escape, from
she in the early stage of the affection, or
within a few weeks from the beginning, in
a low Syphilitic Condition, and what account
for the semiComatose state, in which she
remained so long. The only Conclusion to
which we can come, is, that along with the
phlebitis, which in one limb could scarcely
have brought her into such a Condition, not
from the many Cases we have met. There is
needed some specific Explanation at the base of
the brain. The pupils not responding conser-
to light, associated with the semiComatose Con-
dition already mentioned, together with the
look of our Patient, tended to point in this
direction. In addition what leads us to this
Conclusion, is a Circumstance which has not
been stated. In questioning her, after I enquired
she said, that on arriving from Hamilton she
remembered going to bed, but from that time
till the visit of Dr. McLean, all was a blank

this was a period of considerably over three months,
one might conclude however that all this was due
simply to the circulating of the septic poison in
the brain, but the peculiarity of the symptoms
and after results, leads one to believe, that
there was specific poison present. This
makes it all the more difficult to understand
how recovery took place. We all know that brain
venoms are in any case, of the worst character,
but coming in such a case as this, they must
have been true of more serious import. No doubt,
the septic blood circulating in the brain,
produced more or less of the coma, but
had that alone been the cause, our patient
would both more quickly, and completely
have recovered. The brain seemed to suffer
generally with the system, from the deterior-
ated condition of the blood, but this does
not account for all the changes which
took place. Had it been so, why were the
lyla and ear so affected, the eyes being
so completely destroyed, and the ear recover-
ing so effectually. It seems to me that the

deafness was the result of limited inflammation pressure on the foot of the auditory nerve, the course the affection of this organ pursued, and its gradual, though ultimate recovery, seems to me to justify this theory. Now taking symptoms in relation, we come to the eyes, which have already been spoken of, as completely destroyed. No doubt the apparent similarity of the symptoms manifested in the ear and eyes, in the early stage was striking. They looked indeed as if the result of the same cause operating on different organs, but considering their termination one must come to a different conclusion, What then was the cause of the destruction of the eyes. In the case of the right one, it appeared to me to be the result of embolism. The suddenness of its onset, the complete loss of sight, the atrophy, and loss of resistance showed conclusively that the supply of nourishment had been cut off very suddenly, and as the destruction

first case commenced. As to the lesion in the
left eye, it seemed to be due to thrombosis;
probably extension from the already existing lesion,
acting in the same way as the primary lesion,
though with less rapidly. The secondary
attack in the right eye appeared to be the
result of further blocking of the vessels. Here
it occurs in us, and though it may not be of
any importance, there seems to have been
a similarity between the affection of the limbs
and that of the eyes. First, we had the left
leg affected, then the right, then a remission
of the attack in the left. As to the eyes, the
right was first involved, then the left, and
ultimately a remission of the affection in the
right. Of course the symptoms were opposite
to each other, for in the one case, we had
a blocking of veins, preventing the return
of blood, and so the oedema, pain, and other
symptoms following thereon. In the other,
we had a blocking of the arteries, preventing
the access of warm blood to the part, and
so we had the atrophy, and degeneration

of all the parts affected. In so far as the
inflammatory exudation, in the Empyema
is concerned, it seemed to be due to loss
of vitality, more than to anything else,
secondary, of course, to the blocking of the
vessels, from which it received its supply
of nutriment. Now regarding the shoulder
and elbow joints together with the edema of
the arm, it is obvious that the inflammation
of the joints, was due to the prolonged con-
densation of the blood - though not going on
to suppuration, which we believe to be too
often the case, when pyemia attacks such
structures. The edema of the arm appeared
to be secondary to the affection of the joints
and directly caused by such passing away
as it did, when there began to recover.
As for the other features, they may be
passed over in a word. The Lids were well
expected, and could not but be so.
Concerning the edematous condition of the
tissues, the continued abnormal condition
of the same could only be looked for

in such an illness, the Colic, Impaction, pulse,
sweat, tongue, and extreme debility, were all
symptomatic of the affection. The entire
absence of headache, seems to be accounted
for, by the peculiar condition in which the
brain was. The negative sign seems to be
of some importance, and that is the
absence of any affection of the uterus through-
out the entire illness. It seemed to be the
medium of transmission of the zephic poison
to the body, without itself taking more
than a passive part in the process.

As regards the second case, we will refrain from
dwelling at such length, having extended
our remarks on the first, further than was
in the beginning intended, so we will dispense
with all unnecessary, or prolonged remarks,
and confine ourselves to the few more impor-
tant points. In this case then, we had a
woman, whom we believed to be in a highly
susceptible state to zephic affection, a
soft, anaemic person, with the body in an

unsatisfactory condition. The G. Cunningham, some
months, one cannot but be struck by the
soft, and relaxed state of the vaginal
muscles, and surrounding parts, that want
of tone and resistance, which he does not meet
with in healthy females. Such there was manifestly
present in the case we are considering, so
much so, that the child seemed to slip through
the passage, rather than to be expelled by
muscular force. Turning now for a moment to
the after complication: firstly, we had a woman
who had not under quickly the effects of labor,
after some days, seized with a rigor, followed
by prostration and vomiting. With the cessation
of them for a considerable time afterwards. We
had in this case, but two rigors, each follow-
ed by definite symptoms, of the same nature,
fracturing on different parts of the same organ,
at different times, in exactly the same way,
differing so far from the first case. But
ultimately, instead of constantly recurring
rigors, we had profuse perspiration alternating
with chills, coming on frequently, and

exerting a very marked influence on our
patient. In this case the prostration, or
prostration and chills, seemed to equal
the rigor mentioned in the other, and there
is little doubt that the cause in both cases
was the same. Noticing now the symptoms
of the affection. The acuteness of onset, the
rigor, the pain, and difficulty in breathing,
were such as one meets with daily, in cases
of acute pneumonia. But in pneumonia, as
a rule, we look very confidently for a crisis
about the eighth day, undoubtedly we do
in cases of lobar pneumonia, but in gradually dying
about the twentieth, or going on to more
common into Phthisis, and so lasting for
an indefinite period. In the case we are
considering, the symptoms not recorded
in ordinary pneumonia. The course of
temperature, the quickness of pulse, the
prostration, the absence of the sputa,
and little or no difference in the symptoms,
at the time, when in pneumonia, we would
have expected our patient to take a change

for the better, and the end about all this. The continuance of our patient in a low febrile condition, and the recurrence of the same symptoms nearly days from the beginning of the primary attack. Had the affection been pneumonia, after the secondary attack at least, our patient must either have died, recovered, or gone into phthisis. Not so, however, in this case, for here we had a patient, who even after the secondary attack, continued in the condition already mentioned for weeks, without any apparent change for better or worse. In a case of pneumonia for instance in the apex, if, instead of undergoing resolution, it continued soft, and there for. 2-3 in, we could only conclude that Phthisis had commenced, and hence much important might take place, one would certainly be of opinion that the case was hopeless. Now, any one not knowing the history of the case before us, might have been excused, for describing it as a very severe case of Phthisis, and for saying, that the patient would not recover.

From my experience of Phtisis following parturition, it has come to the conclusion, that it is usually fatal, and much to be especially of coming on in primiparae, shortly after the birth of the child, and associated with a family history of this kind. My case lately corresponded pretty nearly with these statements, but with this great difference that the patient made a rapid, and excellent recovery, which could not have taken place, in the circumstances just mentioned. The cause then of the complication in the case before us, whether simulating Pneumonia or Phtisis, was undoubtedly the absorption of septic matter from the uterus. As has already been said, my patient was in a most favorable state, for such a process to take place, neither did the placenta seem entire at the time of birth. Now what appears to have taken place, is, that the small parts of the placenta which were not expelled, remained firmly attached to the surface of the uterus, undergoing

degeneration, and absorption, and so our patient
soon fell into a pyramidal condition. His illness
to account for the nerve palsy after the
baby was born, his general appearance, temperature,
pulse, and all the other symptoms, were so
characteristic as not to be mistaken. The
affection of the lung was no doubt due
to the same cause, and the lesions pyramidal.
As regards the causation of the case, we can
only conclude that a pyramidal abscess origi-
nated there, whether preceded by any circula-
tory obstruction, it is difficult to say, but the
fact of its coming on so suddenly, immediately
after getting herself, may have had some-
thing to do with it. The lesion in the apex,
like to all tubercles and fungus-like growths is
that in the case, and undoubtedly due
to the same cause. Why the left lung was
so affected, rather than the right, one need
not try to explain. The suddenness of the
onset, the symmetry of the lesions, and their
distinct localization, the absence of any antecedent
cause, and its gradually passing into the

condition described, seems only to indicate a state of matter, brought on by such a cause as has already mentioned. This case therefore though differing in many details from the first, has many points analogies, more especially concerning the general condition of our patients, but into a comparison of which, it would serve no useful purpose to enter. Though the lesions were different, and their effects modified in the two cases, yet both, so far as our experience led us to judge, were due to one and the same cause, why, assuming in the one case, one form, and in the other, a different, is difficult indeed even to speculate.

REMARKS ON PSEUDO-PHYRENIA

The case here recorded, seems to me to be a fair representation of what is called pseudo-phrenia. We might have used the term Pseudo-phrenia, but that embraces many different conditions attendant on the phrenical state, and it appears to me, that the term

already employed, comes to the mind as clearly
as any, the change taking place in the system.
In making a properal praecur on a whole,
we must firstly, to enquire for a little on the
Cause, secondly, on the symptoms, thirdly, on the
prognosis, and fourthly on the treatment. As to
the Cause, even here we cannot be bound in ourselves
to the absorption of septic poison into the system,
such being produced, by the retention and decom-
position of the uterine contents, in the early
stages of gestation, or in parts of the puerperia, or
a more advanced period, or after birth.
Firstly, then, let us consider briefly, a few points
regarding the greater liability to retention of
the uterine contents, in the early, rather than
at a late period of pregnancy. In a case of im-
mature for instance, in the second, or third
month, the form complained of is in many
cases acute, yet has but little effect on expulsion,
it seems, that not only are the uterine contractions
at birth, not having sufficient power, but that
the quality, and quantity of the contents to
be expelled have something to do with it.

again, the expulsive force tends very readily in many of these cases. Often indeed, we find that after the pains have continued for a time they cease, either not to return, or to return many hours, or even days after, nothing is if the uterus has taken rest, and by doing so, accumulating a fresh store of energy, whereby it may expel its contents. The haemorrhage also generally present in such cases, no doubt, tends very much to weaken the force of the uterine contractions, and often when the loss is large, and frequently repeated, there is an entire absence of them. Again, when the pains have been dead for a time, the pains are often reduced to a minimum, so also the expulsive force. It would be difficult then, away to the expulsion of the uterine contents in the early stage of pregnancy, the same does not hold good to the expulsion of the placenta in the later stage, or at the time of birth, when as a rule the getting of it away is a very easy matter, when properly attended to.

It is very often lentic, more adherent at one
pole than another, or it may be the seat
of some form of degeneration, or be of soft-
er consistence than usual, and of nature
does not depend on, irregular and, more
especially if improperly applied, too often
brings forth away, tearing, more or less he-
morrhage, which the uterus cannot rid itself
of, and so complications ensue. Again, the
stage to which pregnancy has advanced, when
retention takes place, exercises much influence,
not only on the getting away of the uterine
contents, but on after complications should
there arise. In the early stage, not only does
retention occur more readily, but the after
effects of them are liable to assume more
dangerous proportions. About the second
month for instance, we have to deal with
a mass of tissue, of less vitality, and with
a greater tendency to undergo putrefactive
changes, than that of late formation, or
organization, and so it breaks down, and
undergoes absorption with greater rapidity.

and acts on the system with a greater degree
of violence, than if at a late period. There
are also many other circumstances influencing
such an issue, The condition of the body of
our patient, must affect not only septic
absorption, but also, to a greater or less extent,
the structure from which this arises. In an
unhealthy woman for instance, the tissue
of the placenta one would conclude, must
be of a less healthy nature, than in one
who was strong. The uterus also will be in
a weaker condition, say miscarriage takes
place, the lymphatic pores is not so great,
should retention occur, both decomposition
and absorption, with all the other symptoms
resulting therefrom will be aggravated.
Again, the placenta of a woman of delicate
constitution, may act quite well as a medium
of interchange, between her and the child.
and all go on favorably, the baby being
born healthy. Yet, the placenta may be
unusually soft, and this being so, there
is a great tendency, more especially should

then be any difficulty in the expulsion, of
parts remaining behind, and there being
of softer construction than usual, decomposition
will set in the more readily, the system
also of the woman being in such a condition
as to favour absorption, placenta will come
not only more readily, but will act with
a greater degree of activity, than in one
who has more power of resistance. Another
circumstance, which seems to influence women
exposed to such dangers, is mental excitement,
irritability, or despondency. During the past
few years, we have seen not a few women
exposed to peculiar dangers from sources
such as have been mentioned, winning, in
the face of our attack, by their cheerfulness,
when one scarcely looked for good results.
Often again, we see persons, and of a joyful
temperament. If we reflect much on this, and
it would be seen, as if the danger of septic
embolism were increased by such, they
seem to have no resisting power either in
body or mind. It appears also that the

Smith one goes in the social Hall, the more
working-people do women problems, against
such complications. In the East End of
London, at least a third of the women em-
ployed, seek the aid neither of a doctor, mid-
wife, or any other person with experience,
but trust entirely to their next-door neighbour,
or to any one whom chance may throw in
their way; and, as for miscarriages, one can
readily conceive of the terrible risks spoken
of, the danger women are exposed to from
this neglect is very great indeed. Again when
women midwives are employed, rather than
consult and to seek the advice of a doctor,
they will often expose their patients to the
greatest danger, of which the following
are examples. On the 24 August last, we
were asked to see a woman, on arriving we
found her in a terrible condition, having
vomited nearly continuously since the previous
day, when she had been delivered of a
child by a midwife. On examining ex-
ternally, the uterus felt much larger than it

ought to have been, and internally one had
no difficulty in making out the edge of
a cordless placenta, which came away easily,
considering that it had been retained for
nearly four hours, and the patient made an
excellent recovery. On the 15th February, a
midwife asked me to see a patient with her,
who had been delivered six hours previously,
she said that the placenta had come away
all right, but that the woman had been flood-
ing more or less since, and vomiting continu-
ously. On examining externally, the uterus felt
large, but thinking that this might be due
to the presence of clots, we tried to express them
but without effect. On returning to see the
placenta, we were informed that it had been
destroyed, being suspicious that something
was wrong, we introduced our hand into
the uterus, where we found partly adherent
and partly detached, about six inches of
the placenta, the other three of which had
no doubt been dragged away with the rest
of these parts it would be easy to enumerate.

many which have occurred amongst the same class
of people, and there must be very many more
now brought to light. When a child is at full
term, or near it, people generally get help in
some form or other, but not so in the case of
prematures, for here they imagine that all
should be left to nature. How comes it then,
that such being the case, so many escape the
bad consequences of Premature Puerpera, & none
as if people in such straitened circumstances
of life became to a certain extent proof
against many such ailments, the way they
are brought up, appears to have a hardening
effect upon the body, and also endows
them with a power of resistance, both in the
individual & in society. If this be the case, that
had the many cases of measles, which have
come under our notice, occurred amongst
a better class of people, the results must
have been much more serious. Such indeed
would seem to be the case, else deaths from
this cause, would be more numerous, than
they generally are. It is seldom comparatively

That it result with a death from Pulmonary Apoplexy
or other attack. Cases of this kind, though the
exploding cause must in many cases be very
too obviously present. It often happens that
a woman is seized with uterine hemorrhage,
accompanied by more or less pain, in the early
stage of pregnancy. This may be repeated shortly
but, still she thinks about as usual, quite
ignorant of possible future consequences. On
beginning, she will say, that nothing special
has been the coming away, yet, the signs of
pregnancy which were present, soon pass
away, leaving her as well as usual. The
uterine contents then move to break down
and pass off either with the lochia, or after
them has ceased, without causing any ill
to arise. I'm thus back now to consider
another point, which contributes materially
as to whether such cases are dangerous
or not, and that is, whether complete separation
of the placenta takes place, or
whether it remains either in part, or wholly
adherent. Should the placenta be completely

upheld the danger to the patient is certainly much less, because, when should the contents of the uterus not be expelled, we have them lying quite detached from the uterine surface, which gradually assumes its normal appearance, and the longer the more so, until it is in such a condition that rapid absorption does not at least so readily occur: but take again for instance a case in which the placenta is only partially separated, the other part remaining firmly adherent, and in close connection with the uterine synovium and blood, here, should absorption take place, and decomposition commence, pyæmia has a most favorable opportunity of developing itself. In the first place we have our patients brought into an anæmic condition by repeated hæmorrhage, and so into that state in which absorption occurs very readily. Again we have parts of the placenta embedded in the wall of the uterus, and so in the position

in which syphic portion forms easiest access
to the system: It seems to me that
such a condition most favours a severe
attack, and the less the placental separa-
tion, provided some separation with re-
spect to haemorrhage has taken place, the
greater danger is there to our patient from
pyaemic Complications, and the more pro-
tracted will be the after progress of the
Case. The more in the Case of intra uterine
death at any stage, not due to placental
separation, and the retention of the uterine
contents; that we find the placenta adherent
to the uterus, may be for an indefinite
time. Now there are the Cases in which we
would expect mutual pyaemia to arise
most readily, and to be of the most fatal
description, The placenta by prolonging a large
surface for absorption, and being in intimate
connection with the uterus, but here appears
the safeguard, by the placenta remaining
adherent, which it very often does, either
till labour commences, or is completed,

not only prevents haemorrhage from taking place, but also prevents drainage from going on, where absorption of septic matter is most likely to occur. And not only so, but the uterine symphysis contracts, the placental part becomes like the body of the uterus. Generally, the large blood supply being no longer necessary for the growth of the child is directed into other channels, the placenta remains quite connected, though there is a certain amount of relaxation between it and the uterus, and so any danger from septic absorption is reduced to a minimum. The uterus also accounts for the ease with which the placenta comes away after birth in case of the normal. As regards the process of absorption this appears to take place principally at the placental attachment of the uterus. The surface of the uterus other than this appearing rather to resist, than favour such a condition. If such were not the case, how is it that we sometimes find a foetus so much decomposed, that it is only with difficulty taken

away entire, and still there is no symptom
of puerperal pyæmia present. In one instance
if the foetus were still in the membranes, one
would be inclined to think that this was
the present case; but here where there have
been ruptures for some time previously, and
there is the presence of an offensive dis-
charge, such results are not at all common.
In such a case more absorption would take
place to any extent, pyæmia would of
necessity be set up, and such a complication
would be much more common, than it at
present is. Not only does the placenta ap-
pear to be the principal part at which
absorption takes place, but the placenta,
even in the early stage of puerperal
appears to be mainly the cause of the
affection. The other uterine contents, by their
separation from the seat of absorption,
playing but a secondary part in the
process. Regarding part of the placenta
detached after the birth of a child at
full term, or in the late stage of pregnancy

much of what has already been said might be repeated, but what seems to me to be the greatest prevention of future complications is the firmly Embarked condition of the uterus in Primiparae, and in Multiparae more doubtfully the after process tend to absorb any remains of the placenta, which may be left behind. Of course should we have an unhealthy placenta to deal with, probably more firmly attached at one part than another, with a uterus having a tendency to contract delayed, the danger to our patient is augmented, in the tract of the placenta not being taken wholly away.

Symptoms

On the symptoms of Puerperal Pyemia, I dare say one could write a volume were he to go into detail, which I dare say is not impracticable. In a paper such as this, it is all but impossible to dwell minutely on every point, which one might introduce. The two cases, which we have described in the beginning of this thesis, illustrate not a few symptoms

peculiar to the affection, and our learning from
note where at some length. Carlo has to be
said on the part of the subject, than if
they had been omitted. There are some points
however, which we will consider at greater length,
as in a description of Carlo we are but
mentally characteristic, & new learn coming
from day to day. In visiting a case of
Jugoslav Japannia in the early stage, one
who had never seen the affection, would
be a little apt to be deceived, as at the
time in many instances, but little more can
be ascertained, unless a look which such
patients quickly assume, which will not
readily deceive me, who has once seen it,
more especially if he has been acquainted
with the patient for any time previously.
A look more easily disguised than described,
a certain anxiousness associated with the
peculiar pallor hue of the skin, and con-
junctiva, which once seen is not readily
forgotten. The and above this we have often
a certain amount of irritability present, and

so many Cases the Nervous System is in a highly excited state, but then though there were present, one, not knowing the patient, might conclude that they were the result of some febrile disturbance, which would soon pass away. There are two symptoms however, in which we place much confidence in such Cases, namely the condition of the pulse, and temperature, and though much one might be deceived by external appearances, on these we may rely. The pulse, so far as our experience goes, is always very fast, weak, or at times scarcely perceptible; and, as the affection advances, it gets weaker, and increases rather than diminishes in quickness. It is also very compressible. The temperature also is of much diagnostic value, for often, when we expect it to be much above normal, we find it astonishingly low; and, then when the disease has advanced considerably, it continues in this condition, not fluctuating much

unless during the presence of a rigor, and, not infrequently, even when our patient is in a critical condition, the thermometer usually rises or falls normal. Turning now to the lesion produced in the vascular organ by the action of the poisoned blood, there differs much in different individuals, and are no doubt influenced by personal susceptibility, and not only by the nature, but also by the quantity of poison absorbed. In the beginning of an attack of putrid pyæmia the system generally receives the poison for some time before it manifests itself locally, and in such a few cases it meets after childbirth there are profuse perspiration and chills occurring, which gradually pass away. In these it seems, as if septic absorption had taken place to a limited extent, but not sufficient to create local disturbance, and the cause being removed the poison becomes eliminated, and the patient makes a good recovery. It seems to me for reasons already stated, that

Lesion, resulting from septic absorption, due to the decomposition of the placenta in the early stage of pregnancy, are likely to be of a severer nature than those arising from the retention, decomposition, and absorption of small parts of the placenta at full time, but cases of this kind are influenced by so many different circumstances, as sometimes to make the least likely attack seem most dangerous proportionally too quickly. Again, the number and severity of the lesions seem to be modified much by the extent to which absorption takes place. Should much poison be taken into the system it may be just enough, but when little, few; and not only so but the quantity of poison in one case, being less virulent than that in another, may not produce nearly so destructive results. As to the character of the different lesions it would be impossible to enumerate them here, as they will be influenced by the circum-

stances already mentioned with regard to absorption, whether it be an abscess in a joint, or in the lung, whether it leads on to emphysema, or thrombosis, or whatever change takes place in the affected part, it is impossible to find out why one lesion should develop in one case, and in another of equal severity the lesion should be altogether different. We believe that should there be any hereditary, or acquired weakness in one organ, more than another, such an organ will be more liable to be affected, than one that is sound in every respect. Of course some lesions are more common than others, but it is impossible to say in any case what may arise. Some lesions again are characteristic of pyaemia, and could only be caused by a poisoned state of the blood, but others may, so similitude different diseases, that, only for the general condition of the system, it would be very difficult to distinguish them. Again in some cases, when the disease has been arrested in

the early stage, we may have two local lesions, and must turn to the other symptoms present in the patient, for a diagnosis of the case, and we doubt not that cases might run a course, like a low form of fever, and no lesions be produced.

PROGNOSIS

As to prognosis, it is a very difficult thing to say, who will, or will not recover from an attack of purpura septicæ. Much no doubt depends on the patient's strength, previous habits, and force of resistance. That one succumbs to very quickly, only temporarily affects another, and we find people so differently susceptible, that one cannot judge by appearances altogether, but must also take into account time, and nature of soil, age of patient, character of absorbed element, and all the other points which have been mentioned with reference to cause. We are inclined to think, that the longer the patient sur-

with, the greater chance there is of complete recovery. As it seems to us that after a certain time when lesions occurring show diminished severity of symptom. Some cases however are so severe from the beginning, that recovery is all but impossible. Should one patient suffer from any Constitutional affection, the chances of recovery are very small indeed, as even healthy persons die only too quickly from attack of this kind. It is well in such cases, however slight they may be, and however early we may get them, so long as even the first symptoms of a pyaemic process is manifest, to get a very guarded prognosis, else we tell too often our patients and their friends ground for hope, where there is none, and ourselves reap only discredit.

Treatment.

To begin to treat a case of pyaemic pyaemia does not seem to be by no means easy, and probably let us say that the present treatment is that on which we must only rely, neither

should we delay such, till the time when
our patient is in a condition, which makes
presentation impossible. As we are examining
our tumors to an important cause,
in a case from which our first duty is
to get it removed, in which condition
we will mention such points as we think
more important. Without going fully into
the management of emphysema, or the
third stage of labor. When called to
a case of emphysema, or supposed emphysema,
we must in the first place make sure
whether such is really the case, in the
second, find out if the fetal membranes,
and placenta have been expelled, and
in the third trust to our own judgment,
and pay but little attention to what
either patients, neighbors, or nurses may
say. Let me often told on going to a
case of this kind, that something, resembling
a fetus and placenta, has come away,
and they will even explain very accurately
what it is like, when it is simply a clot.

of cramp-like flood. If anything has been
expelled from the uterus, we must satisfy
ourselves, whether it is saline. If nothing
has come away, our duty there is to examine
the patient, and, if we cannot find the
foetus lying in the vagina, we will generally
have but little difficulty in discovering it
in the womb. Should the os be dilated
to any extent, but so often this is not
the case. It is well not to place too much
reliance on the prim-levying case, as
a sign that the foetus has been expelled,
for these are so variable, as not to be
depended upon. Should the prim & secundary
case, the probability is that the foetus
will come, and no interference is necessary.
If however the prim case, either with, or
without secundary case, and the foetus seems
to protrude through the os, the chance
of saving it are all but at an end,
and the safety of our patient is the
next consideration. To go into every
detail about the extraction of the foetus

or fetal tumour in a case of the kind,
we will not attempt, but will indicate
what kind of treatment we have generally
found beneficial. In dealing with cases
such as we are considering, the first
thing we must learn is not to be
impulsive. There is the way to do more
harm than good. Invariably there is
a simplification, if one feels anything pro-
truding through the O, to attempt to
remove it. But in many cases to do so
is only unnecessary interference. To use
any force, as one is inclined in such
cases, is only to remove part, and leave
part behind. By inserting the finger
between the O and the protruding
structure, and so separating the one, and
bringing down the other gently, is no
doubt the best thing one can do in
many instances; but, unless one can be
sure of getting the whole contents away,
it is better to leave it alone for a day,
or two, by which time the pain may

recur, or if not, then the tension of
the uterus on the contents may have
helped wonderfully to bring down what
otherwise would have been left behind, and
as the process of absorption will be an
easy matter indeed. Without going more
into detail on that point, let me say
that, when one has any suspicion of
anything having been left in, or adherent
to the uterus in the early stage of
pregnancy, or parts of the placenta
at a later period, he must try by
every means to get such removed, if
after having tried the ordinary methods
of treatment for a few days, he has not
succeeded, something else must be resorted
to. What we have found most
effective in such cases is to take a
Hypodermic Syringe, which has not
been used before, and wash out the
uterus. The injection should be of water
as warm as warm tea, added to which
is some Eucalyptus fluid. It should be

repeated daily, or often, till one is
satisfied that the patient is out of
danger. In injecting one has to be cau-
tious to have the water warm, not to
use too great force, to have the stream
as continuous as possible, and to
avoid the admission of air into the
uterus. If in the first injection the
result aimed at is not accomplished,
one feels that he is not only aiding
nature to do the work, but at the
same time disinfecting the contents
of the uterus, and, by making these
antiseptic, he can afford to wait on
a little longer without further interference.
When parts of the placenta are retained
in the case, removal, if large, and
rather compression, nor the finger can
remove them, the introduction of the
hand into the uterus may be resorted
to, but, if small, and not producing
much hemorrhage, the use of the inject-
ion for a few days will generally suffice.

So far as respecting the alarm is concerned
we have never seen any very injurious
results arising therefrom, but what has
occurred on 2 or 3 different occasions
is that shortly after the first injection
our patient was seized with a very
violent rigor, accompanied by vomiting,
headache, and general febrile disturbance
which usually passed quickly off. One
thing, we cannot too strongly advise, is
not to delay commencing the injections
till the first symptoms of septicaemia
have taken place, for then all
that we can hope for, is to mitigate
the severity of the attack. Again we
must not trust such an operation to
a nurse, for few indeed are they, who
could do such a thing. We must also
be careful to have the syringe properly
introduced, and not merely by my hand
the st., for in some cases the
introduction of the needle into the vein
takes both time and skill to accomplish.

Such treatment is less formal & expected,
and free from danger, that we will not
enter into details of other applications,
or operations. In a case like the first
we have recorded, where the patient is
already suffering from pulmonary disease,
and in such a condition, that it is not
possible to wash out the uterus, or, as
in the second where she would not
allow of its being done, or, as in those
where operative measures have not proved
beneficial, we must trust to ordinary
general treatment, the results of which
are highly satisfactory. Now, as
there is all that is left for us, the
work we begin the rest will it
be for our patient. In the first place
then we must look to the comfort
of our patient, by placing her in a
room by herself, procuring a good
nurse, and attending to all other
concerns. Another essential for such
patients is quietness, which we should

by all we can do to cure, and for the
the coming and going of visits. The
by their presence not only disturb the
patient, but, by their interference in
many ways, are a sort of annoyance
to those in attendance. After attending
to these particulars, the next thing
necessary is to support the strength
of our patient, which the disease is
quickly exhausting. To do so we
think that there is no better way, than
to administer small quantities of
fluid nourishment, at fixed intervals
from a wine glassful to half a cup-
ful very half hour, if we can manage
to get our patient to take it, commencing
from a glassful of milk, say tea, chicken tea, and
what we have found very suitable in
many cases, Peppermint Bay Peppermint
with any other light soup, or milk
tea, which may seem to be agreeable
but, as is too often the case, our patient
has no inclination for any thing, and

etc., if one has a good nurse, who, without being harsh, is firm, it is astonishing the quantity of treatment she may get a patient in this condition to take. Again, should the patient be much worried with phlogistic, i.e. thinks that to sponge the body, if that be at all possible, with tepid water and whisky, acts beneficially, so long as they do not complain of its being too comfortable. Now comes the question what medicine should be employed, a question not very easy to answer, as in many cases one may use any medicine in any form, without producing the slightest good effect. It is astonishing how some of these cases resist the action of medicine, but, when one takes into consideration the changed condition of the blood, and system generally, he cannot be surprised. Some cases I think seem to be helped by medicine, but as

the slower forms of the affection, it is
more a matter of treating symptoms,
as they arise, than of treating the disease
as a whole. It has used different drugs
in cases of this kind, and will try
to give our opinion concerning a few of
these. In the primary stage we consider
any preparation of Opium, as Contra-
indicated, or indeed at any stage,
though only in the first have we used
it. It increases the action of the skin,
which is usually active enough already,
but, by arresting the other secretions, it
prevents, in great measure, the elimi-
nation of the poison, in which is a
great degree the success of our treat-
ment depends. Again, as there is
a tendency in such patients to fall
into a typhoid condition, the adminis-
tration seems only to favor such, and
so to leave one in doubt, as to what
is due to disease, and what to the
action of the medicine we are employing.

How it interferes with the diagnosis, and
progress of the case, about which we
desire above all things to be clear.

For these reasons then we abstain from
the use, though believing that it
acts admirably in many cases, belong-
ing to the same category. Next in
order comes Guinnee, which we consider
a drawback, more especially when
there is frequent recurring
coughs, and, though we cannot say it
prevents them, yet it no doubt diminishes
both their frequency, and severity. In
so far as the affection generally is con-
cerned, we have not found Guinnee
to limit it in any way, or, when
taken freely, it seemed to run on un-
checked, though it would be difficult
to say what might have been the
result had it never been given. So
that, while giving Guinnee credit to a
certain extent, and looking upon it as
an excellent medicine we cannot conclude

that its action is in any way specific
at least in cases so slight, as those
under consideration, though there is
no medicine we would prescribe more
readily. There is one drug, which we
have used in these and many other
cases, which can be easily combined
with Quinine, if such is thought desirable,
namely Ferri et Ammonia Citratis, begin-
ning early and gradually increasing
the dose, it acts very well, agreeing with
the stomach, and not difficult to
take. It seems to act principally on
the red blood corpuscles, indeed we
prefer it to any other form of iron,
and think it may be given in such
cases, not only with safety, but largely
of other drugs we have used many,
not being satisfied that their action
was for the better, they may be found
in our comments. That is the
then we may make of medicine, the
thing we must be prepared for, and

that is to treat by appropriate symptoms,
should there arise, by such means
as are at our command. Empirical-
isms are not uncommon in such
cases, but it would be endless here
to discuss each with the treat-
ment thereof, moreover, such treatment
must depend exclusively on the
nature of the case. On one other
point we desire to say a word,
namely, the use of stimulants, which
at some period, during the course
of the illness, are generally required.
The kind of no medical equal to them,
when our patient is either in a
typhoid, or debilitated condition,
they both make the int. better, and
add a certain amount of strength
to the already exhausted system,
in whatever form they may be used.
For our part we consider Candy as
good as any, and, given with care
and moderation, it helps very materi-

ally to hold our patient through his
protracted illness. Then one is convinced
of the beneficial action in any case,
he need not be afraid even to give
greater quantities, as the disease ad-
vances, as without such the sup-
plying of our patient would no doubt
be interrupted. That Lard is needed
most in such cases, is what we
have yet to find out, and that is
something to consider. The effect
of the Lard, as it is absorbed many
times may be tried, but what
seems to help in one case, is tried in
another only with disappointing results.
Though much can be done to moder-
ate the supplying of our patient, and
make her as easy in circumstances
will permit. yet Pulmonary pyemia
is of such a nature, as in most, if
not all cases, simply to defy treatment.
And whether our patient recovers or
dies depends to a great extent on

circumstances over which we have
no control.

I won from this Thesis, which may
have been unnecessarily prolonged.
It may contain errors, not in accord-
ance with all that is written on
the subject; it may be lacking in
many points, and inaccurate in
others; but I can only plead in
extenuation, the fact, that I have
neither read, nor consulted in connec-
tion therewith, either any authority,
or other person, but, what I have
written is simply, the result of
observation during the past few
years.

Yours Truly
John Francis Macgregor